

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022666

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 1013

FILED JUL 9 1962

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Springfield

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY Greene

admission)

c. CITY

OR TOWN

Willard

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION DOA Burge Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

RFD#2

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

EMMETT

Middle

A.

Last

PRATT

4. DATE OF DEATH

Month

June

Day

28,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/19/1903

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Construction Worker

10b. KIND OF BUSINESS OR INDUSTRY

Highway Work

11. BIRTHPLACE (City and state or country)

Springfield, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Andrew Pratt

13b. MOTHER'S MAIDEN NAME

Hattie Kirkpatrick

14. NAME OF HUSBAND OR WIFE

Helen Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

No

17. INFORMANT

Address

Helen Pratt (Wife) Rt. 2 Willard, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

Minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary atherosclerosis

years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1952

to

6/28/62

and last saw him alive on

6-25-62

Death occurred at

1:24

P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

600 S. Glenstone

Springfield, Missouri

22c. DATE SIGNED

6-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-1-62

23c. NAME OF CEMETERY OR CREMATORY

Robberson Prairie Cemetery

23d. LOCATION (City, town, or county)

Greene County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Klingner Mortuary

Springfield, Mo.

25. DATE RECD. BY LOCAL REG.

7-5-62

26. REGISTRAR'S SIGNATURE

Effie S. Melton

jhc

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0397

2 0390

3 2

4 0

5 1

6

7 0

8 2

9 4201

10

11

12 92-0

13

JUL 12 1962

print serial 6-25-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elmer D Williams

Licensed Embalmer No. 4651

P. O. Address Springfield MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.